



UNITED STATES MARINE CORPS

MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001

MCBO 12792.1
CHRO-Q/k
3 Mar 93

MARINE CORPS BASE ORDER 12792.1

From: Commanding General
To: Distribution List

Subj: CIVILIAN EMPLOYEE ASSISTANCE PROGRAM (CEAP)

Ref: (a) FPM 792 (NOTAL)
(b) CPI 792 (NOTAL)

Encl: (1) Definitions of Terms Used in the CEAP
(2) Identification of Employees with Problems and Problem Employees
(3) CEAP and the DON Drug-Free Workplace Program (DFWP)

1. Purpose. To establish MCCDC policy, procedures, and responsibility for implementation of a Civilian Employee Assistance Program (CEAP) as outlined in the references. CEAP provides assistance to civilian employees who have problems involving the misuse of alcohol or drugs or other personal or family problems which have or may have an adverse effect on job performance.

2. Cancellation. MCCDCO 12735.1.

3. Summary of Revision. This revision contains a significant number of changes and should be completely reviewed.

4. Scope. This Order outlines a formal CEAP applicable to all Civil Service appropriated fund employees. No employee or class of employees enjoys special immunity from the effects of alcoholism, drug abuse or other personal or family problems and the approach outlined in this Order is equally applicable to all organizational levels. The job performance of any employee, regardless of grade, will deteriorate with the progression of such problems. It follows that the program must be administered consistently and uniformly for all classifications and all levels.

5. Background

a. In any organization, the personal problems which are costly in terms of lost production, accidents, disciplinary actions, and administrative effort are experienced by a relatively small proportion of employees. The CEAP is a means to alleviate, in most cases, the problems experienced by such employees and thus improve productivity and reduce overhead costs.

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b. Current Office of Personnel Management (OPM) guidelines and Department of the Navy (DON) policy require that procedures be established to provide assistance, not only to employees who have problems with alcohol or drugs, but also to employees who have problems which result in significantly impaired job performance or conduct.

6. Policy. It is MCCDC policy:

a. To assist employees in overcoming performance or conduct deficiencies caused by their own misuse of drugs, alcohol, or by other personal problems.

b. To provide CEAP assistance to family members of employees with personal problems and to employees with family members who have personal problems to the maximum extent feasible.

c. To provide a CEAP which provides problem identification, preventive short term counseling and referral to local community agencies for treatment, rehabilitation or other assistance, and follow-up to aid in effective readjustment to the job. The CEAP does not include treatment or rehabilitation services. These must be obtained through outside resources and paid for by the employee or the employee's health insurance carrier.

d. To recognize and manage alcohol and drug dependency as treatable health problems, where job performance and/or conduct are impaired as a direct consequence.

e. That employees must refrain from the abuse of all drugs and not report for duty under the influence of alcohol or drugs. Employees are responsible for seeking assistance, through CEAP, to overcome alcohol, drug or other personal problems which are adversely impacting on their performance and cooperating with supervisors and CEAP counselors in matters relating to the program.

f. To grant sick leave, annual leave, or leave without pay for alcohol, drug abuse, or other treatment or rehabilitation as with any other illness or health problem. This includes granting leave when the employee participates in treatment of a condition personal to the employee or in the treatment or rehabilitation program of a family member.

g. That the confidential nature of client records will be safeguarded and information therein shall not be disclosed except as provided by the confidentiality provisions of 42 Code of Federal Regulations (CFR), Part 2.

7. Definitions. Definitions are provided in enclosure (1).

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8. Responsibilities

a. Manaaers. Management at all levels is responsible for effective implementation of the CEAP. Active leadership and direction by the Commanding General, Marine Corps Combat Development Command (CG MCCDC), and other senior management personnel within all commands and serviced tenant activities, are dictated by law, regulation, and sound management practices.

b. Head, Civilian Human Resources Office (CHRO-0) CHRO-Q will provide advice and assistance to the CG MCCDC, and direction to the Administrator, Counseling Services Program, in the implementation of the local CEAP and in the dissemination of policy and guidance issued by higher authority.

c. Administrator, Counselina Service Program. Program implementation and operation is assigned to the Administrator, Counseling Services, (CHRO-Q). The Administrator is appointed by the CG MCCDC, per the provisions of reference (b). As the CHRO-Q staff specialist for the CEAP and other counseling/wellness programs, and acting under the general supervision of the Head, Labor/Employee Relations and Employee Development Section, CHRO-Q, the Administrator will:

(1) Provide problem identification and preventive counseling and referral to local community agencies for treatment, rehabilitation, or other assistance to all employees referred to CEAP by their supervisors or through self-referral. Initial short-term counseling may be provided by the Administrator or through collateral duty counselors.

(2) Ensure appropriate supervisory training and other activities needed to educate and inform activity personnel about CEAP and the use of illegal drugs in the workplace.

(3) Monitor the progress of referred employees during and after the rehabilitation period.

(4) Develop and maintain an adequate counseling capability through medical or other counseling sources.

(5) Maintain a list of organizations which provide counseling and rehabilitation programs. The list includes, at a minimum:

(a) Name, address, and phone number.

(b) Types of service available.

(c) Hours of operation.

(d) Contact's name and phone number.

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(e) Fee structure and insurance coverage.

(f) Client specialization.

(g) Other pertinent information.

(6) Periodically visit rehabilitation or treatment organizations to meet administrative and staff members; tour the sites; ascertain the experience, certification, and education level of the staff; and, determine policies concerning progress reports of clients and post-treatment (after care) programs.

(7) Evaluate the CEAP and report to the Commanding General on findings and effectiveness, at least annually.

(8) Effectively publicize the CEAP.

(9) Act as the principal point of contact for all administrative matters concerning the CEAP.

(10) Maintain records and prepare and submit required reports to higher authority.

(11) Conduct needs surveys to determine necessary additions/deletions to program coverage; recommend changes, programs, and initiatives to meet local needs and OPM, DoD, DON, CMC, and local policy guidance. At the very minimum, the program will include contact and referral counseling for drug and alcohol problems and provision of "Safe Harbor" for those employees identifying themselves as users of illegal drugs prior to being identified by other sources.

(12) Recruit collateral duty CEAP counselors as needed to meet program demands and ensure that all adjunct CEAP counselors are fully qualified and trained to perform their assigned counseling duties per provisions of paragraph 8d of this Order.

(13) Implement provisions of the DON Drug-Free Workplace pertaining to the CEAP.

d. CEAP Counselors. CEAP counselors serve as the initial **point-**of-contact for employees who ask or are referred for counseling. No CEAP counselor may be designated to serve as MCCDC Drug Program Coordinator. Counselors must, at a minimum, be:

(1) Familiar with 5 CFR 792, Subchapters 5 and 6 of FPM 792, FPM Supplement 792-1, CPI 432, CPI 752 and CPI 792-3.

(2) Knowledgeable of CEAP policies and procedures.

(3) Able to counsel employees in the occupational setting and identify drug and alcohol abuse and personal problems impacting on job performance or conduct.

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(4) Able to communicate effectively with employees, supervisors, and managers about alcohol abuse, personal problems and illegal drug use and their symptoms and consequences.

(5) Knowledgeable about community resources for treatment and rehabilitation and, when making referrals, must be able to effectively consider:

(a) The nature and severity of the problem.

(b) Location of the treatment.

(c) Cost of the treatment.

(d) Intensity of the treatment environment.

(e) Inpatient or outpatient care availability.

(f) Other special needs (i.e., transportation and child care).

(g) The preferences of the employee.

(6) Able to discuss treatment for alcohol, drug, and other personal problems, as well as rehabilitation insurance coverage available to employees under the Federal Employee Health Benefits Program.

(7) Able to distinguish the occasional alcohol or drug user from the addicted user and to suggest appropriate treatment based on the distinction.

(8) Able to provide training and education relating to alcohol and illegal drug use and other personal problems to employees, supervisors, union representatives, and other interested groups.

e. Supervisors. Supervisors have a major responsibility in the operation of the CEAP since they are generally the first persons to recognize the impact of employee problems on job conduct or performance. Supervisors will:

(1) Provide information on the CEAP to subordinates, stressing confidentiality and self-referral.

(2) Identify and document instances of deficient work performance or conduct, with special attention to patterns of performance deterioration.

(3) Determine the appropriate action to correct the unacceptable or deteriorating performance.

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(4) Seek guidance from the Administrator, Counseling Services or Labor/Employee Relations staff specialists when performance or conduct problems arise which may be attributable to personal problems.

(5) Discuss performance or conduct deficiencies with the employee, providing the employee with documented instances of such performance and refer the employee to Counseling Services if, in the supervisor's opinion, noted deficiencies may be caused by a personal problem such as alcohol, drug abuse, family problems, etc. Referrals will normally be made in writing; however, where immediate intervention is needed, an initial telephone referral may be made with follow-up in writing. All referrals will contain information on specific on-the-job performance and conduct problems, patterns of leave usage, noticeable changes in behavior, and other information which may assist in problem identification, as well as the supervisor's opinions as to what the problem might be. If formal corrective action is not being proposed for conduct or performance deficiencies, the supervisor should advise the employee that conduct or performance must be raised to an acceptable level or corrective action will be initiated.

(6) Effect or initiate corrective action if the employee declines to see or cooperate with a CEAP counselor or undertakes the course of treatment recommended but fails to improve work performance or behavior to an acceptable level within a reasonable length of time. Corrective action may be taken concurrently with referral; however, prior to initiating action, the supervisor should contact the Administrator or the Head, Labor/Employee Relations and Employee Development Section, CHRO-Q, for guidance.

(7) As requested by counselors or other treatment providers, participate in the employee's rehabilitation effort.

(8) Help the employee to reintegrate into the work force after treatment, providing assistance and support for the employee's efforts to again become productive.

(9) Refrain from diagnosing employee problems, but remain alert to indications of personal problems, including alcohol or drug abuse. Guidance on identification of employees with problems is contained in enclosure (2).

(10) Refrain from ordering an employee to undergo a medical examination for the purpose of determining fitness for duty. Contact personnel of the Employee Relations staff, CHRO-Q, for guidance on fitness for duty physicals.

f. Employees

(1) Employees have primary responsibility for their personal actions which negatively impact on-the-job conduct or performance and must:

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(a) Be fully aware of the provisions and procedures of the CEAP.

(b) Participate in the CEAP when they become aware of any personal problem which has resulted or may result in a deterioration of their work performance or conduct.

(c) Cooperate with supervisors and CEAP counselors in matters relating to the CEAP.

(d) Correct the unacceptable performance or conduct with or without assistance from the CEAP.

(2) The employee is not required to accept or act on recommendations made by the CEAP counselor and is entitled to seek other means to correct the personal problem and the unacceptable performance or conduct. However, if the employee is unable or unwilling to respond adequately to the recommended treatment or other actions and the unacceptable performance or conduct does not improve, corrective action may be initiated by management.

g. Personnel Management Specialists and Equal Employment Opportunity Program Officials/Counselors. Personnel management specialists and Equal Employment Opportunity program officials/counselors shall:

(1) Know the policies and procedures of the CEAP.

(2) Consider the CEAP when providing advice and guidance to employees and supervisors and in carrying out other responsibilities.

(3) Consult and coordinate with the Administrator and CEAP counselors when appropriate.

9. Training and Education

a. Mandatory training will be conducted for all supervisors of civilian personnel on a periodic basis. Training for new supervisors/managers will be given as part of their basic supervisory training. This training will be designed and conducted by the Administrator and will, at a minimum, include methods for dealing with personal problems including alcohol and drug abuse; explanation of the CEAP and its relationship to the DON civilian employee drug testing program (enclosure (3) is a discussion of the relationship between the two programs); drug and alcohol awareness and symptoms of drug and alcohol abuse; recommended methods for dealing with suspected or identified drug and alcohol abusers; confrontation and referral techniques; general principles of rehabilitation including techniques for assisting employees in returning to the worksite; and, personnel management issues such as relationship of this program to performance appraisal and disciplinary programs, leave usage, and the use of supervisory notes and other documentation.

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b. The Administrator will ensure that employees are informed on topics dealing with drug and alcohol abuse through such means as memoranda, seminars and articles in "The Civilian Bulletin" and the "Quantico Sentry." Program policies and procedures will be made known to all employees. All new employees will be informed of the services available under this program as they enter on duty and through new employee orientation. The name and location of the Administrator and collateral duty counselors will be listed in the MCCDC telephone directory and displayed on bulletin boards.

10. Relationship with Labor Organizations. The support and active participation of labor organizations are key elements in the success of the CEAP. For this reason, union representatives may be included in employee training and orientation programs to ensure mutual understanding of CEAP policy, referral procedures, and other program elements. Local unions are encouraged to nominate collateral duty counselors when a need for additional counselors is identified.

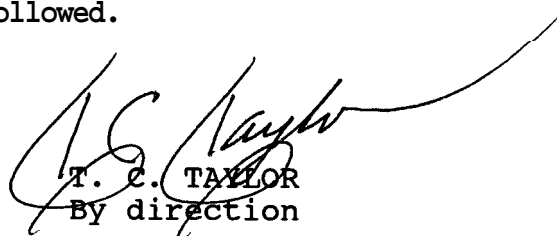
11. Records. The CEAP Administrator will maintain records necessary to carry out the duties of the position. All medical and/or rehabilitation records concerning an employee's problem including CEAP records of the identity, diagnosis, prognosis, or treatment are confidential and may be disclosed only as authorized by 42 CFR Part 2, including the provision of written consent by the employee. With written consent, disclosure of those records may be authorized to the supervisor or other designated management official for verification of treatment or for a general evaluation of treatment progress.

12. Reports and Forms

a. The Administrator will complete all required reports, including the semiannual report on program participation, using proper report formats.

b. The Administrator will develop all forms necessary for the operation of the CEAP, including forms necessary to document intake, referral forms for supervisors, referral forms to care providers, and any other form deemed necessary. Completed forms will be maintained in a secure, locking cabinet with limited access. Forms completed by collateral duty counselors will be given to the Administrator the day completed and will not be maintained outside the CEAP office.

13. Action. Addressees will ensure that subordinate supervisors and managers of civilian employees covered by this Order are made aware of its contents and that the policies and procedures governing operation of the CEAP are followed.


T. C. TAYLOR
By direction

DISTRIBUTION: A plus 4 (100)

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DEFINITIONS OF TERMS USED IN THE CEAP

The following definitions are intended for the administration of the program set forth in this Order. They are not intended to modify or influence definitions applicable to statutory provisions and regulations which relate to determination of disability benefits, or criminal or civil responsibility for a person's acts or omissions.

1. Addiction. A physiological condition in which there is marked change in tolerance to alcohol or other drugs, and continued consumption is necessary for prevention of withdrawal symptoms.
2. Alcohol Abuse. Any irresponsible use of alcohol which results in unacceptable social behavior or impairs the individual's performance of duty, job-related conduct, physical or mental health, financial responsibility, or interpersonal relationships. It can be an early stage of, or can lead to the condition of, alcoholism.
3. Alcoholic. An individual who suffers from alcoholism, as defined below.
4. Alcoholism. As used in this instruction, alcoholism is physical and/or psychological dependence on alcohol.
5. Administrator, Counseling Services. The individual designated by the Commanding General to oversee operation of the CEAP and ensure that the provisions of this directive are met.
6. Civilian Employee Assistance Program (CEAP). A management program offering assistance to employees who have problems involving alcoholism, drug abuse, or other serious personal problems which result or may result in impairment of job performance or job-related conduct.
7. CEAP Counselor. The individual responsible for conducting the initial interview with an employee who has been referred by the supervisor or who voluntarily seeks counseling. The CEAP Counselor explains the provisions of this program, determines the nature of the personal problem, and refers the employee to a source of assistance.
8. Detoxification. The process of establishing physiological equilibrium to include the elimination of alcohol or other drugs from the body. Elimination of the substance occurs by means of natural metabolic processes, and normally occurs within 6-24 hours from cessation of ingestion of otherwise healthy individuals. Establishment of physiological equilibrium is a slower process and may require medical support to prevent the occurrence of severe withdrawal symptoms. Detoxification, when required, is the first step in the treatment process.

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9. Dependence. As used in this Order, dependence is a condition in which the individual must continue the use of a substance in order to maintain a sense of well-being. The origin of the condition can be physiological, psychological, or both. Dependence frequently involves or leads to abuse of the substance. Although addiction as defined above is a form of dependence, the withdrawal syndrome is not necessarily present in dependence. An individual can become dependent on a variety of nonaddictive drugs and other substances. Relief or recovery from dependence is not just a matter of willpower, but as with addiction, medical treatment, counseling, or other therapies may be necessary for recovery.

10. Drug Abuse. A health problem characterized by the use of a drug in a manner or to a degree which interferes with the individual's health, interpersonal relations, social standing, economic functioning, or job performance. It can but does not necessarily involve addiction.

11. Intoxication. A state of impaired mental and/or physical functioning, resulting from the presence of alcohol or other drugs or intoxicants in a person's body. Alcohol intoxication does not necessarily indicate alcoholism as defined herein, nor does the absence of observable intoxication necessarily exclude the possibility of alcoholism.

12. Problem Drinker. A person who may or may not be an alcoholic, but whose use of alcohol conforms to the definition of alcohol abuse as defined above.

13. Recovering Alcoholic. The term used to describe a person whose alcoholism has been arrested. Normally, this is accomplished through abstinence and is maintained through a continuing program of personal recovery.

14. Rehabilitation. A process often necessary for the successful recovery from alcoholism, drug addiction, or other dependencies. Rehabilitation occurs following treatment and normally does not require medical supervision. Ordinarily, rehabilitation involves individual or group counseling or participation in self-help organizations such as Alcoholics Anonymous or Overeaters Anonymous.

15. Substance Abuse. A health problem characterized by the use of a substance in a manner or to a degree which impairs the individual's physical or mental health, performance of duty or job-related conduct, financial responsibility, or interpersonal relationships. There is often, but not always, a dependence on the substance. It includes but is not limited to alcohol and drug abuse, since the abuse may be of such common substances as food (overeating with resultant obesity), coffee (chronic insomnia), tobacco (hypertension), or aspirin (psychological dependence resulting in salicylate poisoning).

16. Treatment. The initial step in the process of recovery from alcoholism, drug abuse, or other dependencies. Treatment is conducted under medical supervision and serves to alleviate the physical and psychological effects of substance abuse including withdrawal symptoms and medical conditions resulting from substance abuse. Treatment is a prelude to, and should not be confused with, rehabilitation.

17. Withdrawal Syndrome. A complication of detoxification in addiction which is a potentially serious condition. While the symptoms can vary according to the substance to which addicted, the withdrawal syndrome will usually include intense anxiety, and some degree of mental and physical impairment. It may progress from tremors and convulsions through hallucinations and delirium to death. Onset occurs within hours after the last intake of the addictive substance. Recovery from the acute phase usually occurs two to five days after the onset.

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IDENTIFICATION OF EMPLOYEES WITH PROBLEMS AND
PROBLEM EMPLOYEES

1. There is a difference between the employees with a problem and the problem employee, and also a difference in the way they are identified. Most employees will have personal problems from time to time. Usually the employee solves the problem unaided, but occasionally needs help. In some cases, the individual becomes a problem to management because his/her personal problems generate an unacceptable pattern of behavior, conduct, or job performance. Although identification of the employee with a problem is occasionally effected through self-identification, in most instances identification of the problem employee will result from management action, usually that of the supervisor.

2. Management can encourage self-identification through concentrated education programs and easy accessibility to program personnel. The ready availability of assistance with a seemingly insolvable personal problem may well prevent an employee from becoming a problem. Management should make every effort to foster an accepting atmosphere that will encourage concerned employees to voluntarily seek early counseling and assistance. The accepting atmosphere is especially important for employees who are concerned about their use of alcohol or drugs.

3. The responsibility of supervisory personnel in identifying problem employees cannot be over-emphasized. This responsibility requires no special expertise, nor does it permit supervisors to diagnose the problems of employees. It does require conscientious fulfillment of the supervisory role, such as:

a. Being alert to the job performance and conduct of subordinates.

b. Noting unsatisfactory or deteriorating job performance and/or conduct.

c. Holding a discussion with the employee regarding such job problems.

d. Advising the employees that if his/her job deficiencies are caused by a health or other personal problem, there are specific medical and counseling resources available.

e. Ensuring that the employee is introduced to appropriate activity resource personnel if he/she advises the supervisor of the presence of a health or personal problem.

f. Using usual nondisciplinary or disciplinary methods to correct continued job deficiencies when the employee is unable or unwilling to

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adequately respond to, or refuses to accept therapeutic or other assistance offered by management. (Such action may be taken concurrently with referrals for counseling, when appropriate.)

g. Consulting with appropriate program personnel on employee's behavior, and being willing to accept offered guidance to resolve the employee problem, when there is reasonable evidence to indicate that an employee's health or personal problems may be the cause of performance or lack of dependability.

4. A supervisor may be faced by another kind of problem, in which the employee is found drinking on duty and/or behaving in a manner that suggests he/she is under the influence of a substance or is otherwise not **"ready, willing, and able to work."** In such cases, the following procedure is to be followed. During the working hours of 0730 to 1600, Monday through Friday (holidays excluded), the supervisor will transport the employee to the Occupational Health Office, Naval Medical Clinic, for testing and/or observation.

5. When an employee is determined by proper authority to be under the influence of a substance, but not in need of any further medical attention, the following should act as a guide:

a. The employee will be placed on annual leave and sent home. This action will not be considered a suspension.

b. The employee should not be allowed to operate a motor vehicle. Appropriate travel arrangements to be considered in such situations are:

(1) Contacting a member of the family, a friend, or any other person who is willing to personally assume custody of the individual.

(2) If unable to locate someone willing to assume custody of the individual, detaining the employee until transportation can be arranged through Motor Transport or the Military Police. A person who has been relieved of duty will not be detained on base longer than necessary. Prompt referral to competent authority is essential for the individual's personal welfare and safety.

c. When an employee has been relieved of duty for reporting to or being under the influence of a substance, the supervisor will:

(1) Immediately upon their return to duty, if applicable, discuss the incident and seek their evaluation of it.

(2) Try to determine whether the incident was an isolated one or part of a problematic pattern. In all cases involving complications with alcohol/drugs, the employee will be referred to the CEAP for an interview and whatever counseling and/or referrals that are considered appropriate.

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(3) If disciplinary action is contemplated because of the incident, care should be exercised to ensure that the person receives all entitled rights under applicable rules, regulations, and labor management agreements applicable to civilian employees.

ENCLOSURE (2)

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CEAP AND THE DON DRUG-FREE WORKPLACE PROGRAM (DFWP)

The Civilian Employee Assistance Program (CEAP) and the DON DFWP are separate and distinct programs. The former is designed to assist employees in overcoming personal problems, including problems relating to drug and alcohol abuse, which are impacting negatively on job performance and conduct. The purpose of the latter is to deter use of illegal drugs through education, detection, and identification of those in the workplace who are using illegal substances.

The DFWP is a comprehensive program balanced between offering a helping hand to employees who are using drugs illegally and, at the same time, making clear that illegal drug use will not be tolerated. The CEAP provides education, counseling and referral to a rehabilitation program for the first verified positive drug test or a first determination that an employee uses illegal drugs. A second verified positive drug test or second determination that an employee uses illegal drugs will result in the mandatory initiation of action to remove the employee from Federal service without a second opportunity to enter a rehabilitation program.

Any employee found to use illegal drugs must be referred to the CEAP. Appropriate disciplinary action will be initiated against any employee for the first instance of illegal drug use per provisions of the DFWP. However, an employee who voluntarily seeks treatment for illegal drug use and who meets the **"Safe Harbor"** conditions of the DFWP will not be subject to discipline for the admitted prior acts of illegal use, including possession incident to such personal use. Employees who are found to be drug dealers or who are involved in other drug-related misconduct, will not be granted **"Safe Harbor"** as a participant in the CEAP.

ENCLOSURE (3)